

The demand must be filed directly with the competent International Preliminary Examining Authority or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below: 337 200

IPEA/

# PCT

## CHAPTER II

### DEMAND

under Article 31 of the Patent Cooperation Treaty:  
the undersigned requests that the international application specified below be the subject of  
international preliminary examination according to the Patent Cooperation Treaty and  
hereby elects all eligible States (except where otherwise indicated).

For International Preliminary Examining Authority use only

Identification of IPEA		Date of receipt of DEMAND
<b>Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION</b>		Applicant's or agent's file reference <b>589145C</b>
International application No. <b>PCT/AU03/00417</b>	International filing date (day/month/year) <b>7 April 2003 (07/04/03)</b>	(Earliest) Priority date (day/month/year) <b>5 April 2002 (05/04/02)</b>
Title of invention <b>Process and Apparatus for Use in Preparing an Aqueous Magnesium Bicarbonate Solution</b>		
<b>Box No. II APPLICANT(S)</b>		
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) <b>BERTSHELL PTY LTD</b> <b>45-47 Alexander Avenue</b> <b>Taren Point, NSW 2229</b>		
State (i.e. country) of nationality: <b>Australia</b>	State (i.e. country) of residence <b>Australia</b>	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) <b>MACQUARIE VETERINARY SUPPLIES PTY LTD</b> <b>4 Charlotte Street</b> <b>Red Hill, ACT 2603</b>		
State (i.e. country) of nationality: <b>Australia</b>	State (i.e. country) of residence: <b>Australia</b>	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) <b>SHELLEY, Arthur</b> <b>45-47 Alexander Avenue</b> <b>Taren Point, NSW 2229</b>		
State (i.e. country) of nationality: <b>Australia</b>	State (i.e. country) of residence: <b>Australia</b>	
<input checked="" type="checkbox"/> Further applicants are indicated on a continuation sheet.		

Form PCT/IPEA/401 (first sheet)(March 2001; reprint July 2002)

See Notes to the demand form

Continuation of Box No. II

APPLICANT(S)

*If none of the following sub-boxes is used, this sheet is not to be included in the demand*Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country)*SHELLEY, Dennis  
45-47 Alexander Avenue  
Taren Point, NSW 2229State *(that is, country)* of nationality:  
AustraliaState *(that is, country)* of residence:  
AustraliaName and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country)*BECKETT, Russell John  
4 Charlotte Street  
Red Hill, ACT 2603State *(that is, country)* of nationality:  
AustraliaState *(that is, country)* of residence:  
AustraliaName and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country)*State *(that is, country)* of nationality:State *(that is, country)* of residence:Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country)*State *(that is, country)* of nationality:State *(that is, country)* of residence:☐ Further applicants are indicated on another continuation sheet.

**Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE**

The following person is ☒ agent ☐ common representative  
 and ☒ has been appointed earlier and represents the applicant(s) also for international preliminary examination.  
☐ is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked.  
☐ is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

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 GPO Box 3898  
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 AUSTRALIA

Telephone No:  
 +61 2 9207 0777

Facsimile No:  
 +61 2 9261 5486

Agent's registration No with the Office:

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

**Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION****Statement concerning amendments:\***

1. The applicant wishes the international preliminary examination to start on the basis of:

- ☒ the international application as originally filed  
 the description ☐ as originally filed  
☐ as amended under Article 34
- the claims ☐ as originally filed  
☐ as amended under Article 19 (together with any accompanying statement)  
☐ as amended under Article 34
- the drawings ☐ as originally filed  
☐ as amended under Article 34

2. ☐ The applicant wishes any amendment to claims under Article 19 to be considered as reversed

3. ☐ The applicant wishes the start of the international preliminary examination to be postponed until the expiration of 20 months from the priority date unless the International Preliminary Examination Authority receives a copy of any amendments made under Article 19 or a notice from the applicant that he does not wish to make such amendments (Rule 69.1(d)). *(This check-box may be marked only where the time limit under Article 19 has not yet expired.)*

\* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purposes of international preliminary examination: English .....

- ☒ which is the language in which the international application was filed.  
☐ which is the language of a translation furnished for the purposes of international search.  
☐ which is the language of publication of the international application.  
☐ which is the language of the translation (to be) furnished for the purposes of international preliminary examination.

**Box No. V ELECTION OF STATES**

The applicant hereby elects all eligible States *(that is, all States which have been designated and which are bound by Chapter II of the PCT)*

excluding the following States which the applicant wishes not to elect:

Form PCT/IPEA/401 (second sheet) (March 2001; reprint July 2002)

See Notes to the demand form

**Box No. VI CHECK LIST**

The demand is accompanied by the following elements, in the language referred to in Box No IV, for the purposes of international preliminary examination:

- |    |   |   |        |
|----|---|---|--------|
| 1. | translation of international application                                    | : | sheets |
| 2. | amendments under Article 34   | : | sheets |
| 3. | copy (or, where required, translation) of<br>of amendments under Article 19 | : | sheets |
| 4. | copy (or, where required, translation) of<br>statement under Article 19     | : | sheets |
| 5. | letter  | : | sheets |
| 6. | other ( <i>specify</i> )  | : | sheets |

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Examining Authority use only

Received

not received

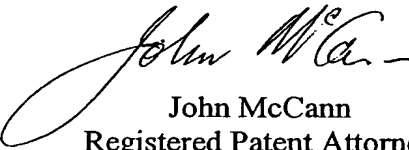
☐☐☐☐☐☐☐☐☐☐☐☐

The demand is also accompanied by the item(s) marked below:

- |    |  |    |   |
|----|--|----|---|
| 1. | <input checked="" type="checkbox"/> fee calculation sheet                                | 5. | <input type="checkbox"/> statement explaining lack of signature     |
| 2. | <input type="checkbox"/> original separate power of attorney                             | 6. | <input type="checkbox"/> sequence listing in computer readable form |
| 3. | <input type="checkbox"/> original general power of attorney                              | 7. | <input type="checkbox"/> other ( <i>specify</i> ):                  |
| 4. | <input type="checkbox"/> copy of general power of attorney;<br>reference number, if any: |    |   |

**Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE**

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).

  
John McCann  
Registered Patent Attorney  
SPRUSON & FERGUSON

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1.	Date of actual receipt of DEMAND	
2.	Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):	
3.	<input type="checkbox"/> The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 and 5, below, does not apply.	<input type="checkbox"/> The applicant has been informed accordingly.
4.	<input type="checkbox"/> The date of receipt of the demand is WITHIN the period of 19 months from the priority date as extended by virtue of Rule 80.5.	
5.	<input type="checkbox"/> Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.	

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Demand received from IPEA on: